

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

ANNUAL REPORT

FOREIGN COOPERATIVE
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE _____
RECEIPT NO. _____

1. Corporate Name, and Address:

Federal Taxpayer ID # _____
FILING DATE: Due during the month the
Certificate of Incorporation was issued, and
delinquent after the last day of the following
month.

2. The address of the cooperative's principal office in the state under which the cooperative was incorporated:

3. The name of its registered agent in South Dakota: _____
Address of its registered office: _____ Zip +4 _____

4. The names and addresses of its directors and officers:

| NAME | OFFICE | STREET ADDRESS | CITY | STATE | ZIP+4 |
|------|-----------------|----------------|------|-------|-------|
| | Director | | | | |
| | Director | | | | |
| | Director | | | | |
| | President | | | | |
| | Vice President | | | | |
| | Secretary | | | | |
| | Treasurer | | | | |
| | General Manager | | | | |

5. A statement by class and par value of the amount of stock it has authority to issue.

| NUMBER OF SHARES <u>CAN</u> ISSUE | CLASS | PAR VALUE |
|-----------------------------------|-------|-----------|
|-----------------------------------|-------|-----------|

| 6. NUMBER OF SHARES <u>ISSUED</u> | CLASS | PAR VALUE |
|-----------------------------------|-------|-----------|
|-----------------------------------|-------|-----------|

7. The general type of business engaged in during the year: _____

The information herein contained shall be given as the date of the execution of the report and signed by a principal officer or the general manager.

Dated _____

(Signature)

(Title)